

# SAFECOMP'99 Registration Form

Please send this form to: **Mme Sylvie Barrouquère**

ADERMIP

3, Avenue Didier Daurat - 31400 Toulouse, France

Phone: +(33) 5 62 47 49 89 — Fax: +(33) 5 61 80 81 75

Email: barrouqu@cict.fr

Title (Mr. Mrs. Dr. ) .....

Name ..... First name .....

Company .....

Business Address .....

Postcode / city ..... Country .....

Phone ..... Fax .....

E-mail .....

## Conference fees (VAT included) payable in French Francs (FF)

Before May 31  Speaker: 2100 FF

Before August 27  EWICS-TC7 Member: 2600 FF  Non-Member: 3100 FF

Student\*: 2100 FF

After August 27  EWICS-TC7 Member: 3100 FF  Non-Member: 3600 FF

Student\*: 2600 FF

\* A proof of student status must be attached

## Payment

I enclose a Check drawn on ....., payable to ADERMIP

I enclose a Bank Draft payable to ADERMIP - Account n° 12719500200 -

Banque COURTOIS, branch reference Agence 10268, Toulouse Rémusat, -

31000 Toulouse - France (bank identification 02504 key 49)

Creditcard:  CB  Visa  MasterCard/EuroCard

Card Number: ..... Expiration date: .....

I enclose a Purchase Order (French Residents only)

Signature: .....Date: .....

An invoice will be sent in return

## Bus

I will take the special bus from downtown to LAAS